

JAN 24 1938

MISSOURI STATE BOARD OF HEALTH  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF DEATH

46654  
Do not use this space.

1. PLACE OF DEATH  
 (a) County St. Louis Registration District No. 787  
 (b) Township Meremac Primary Registration District No. 6032A  
 (c) City Eureka, Mo. (d) Street No. \_\_\_\_\_ St.  
 (e) Length of residence in city or town where death occurred 5 yrs. 6 mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.  
 2. PRINT FULL NAME MARTHA M. CAHOON  
 (a) Residence, No. Eureka, Mo. St.  (If nonresident, give city or town and State)  
 (Usual place of abode, if no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX F 4. COLOR OR RACE W. 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married  
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Carl L. Cahoon  
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Jan. 4 - 1891  
 7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min. 46 11 27  
 OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Housewife  
 9. Industry or business in which work was done, as saw mill, bank, etc. Own home  
 10. Date deceased last worked at this occupation (month and year) Apr. 15 1937 11. Total time (years) spent in this occupation 8  
 12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Lincoln, Mo.  
 FATHER 13. NAME Hartwell A. Mickel  
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Michigan  
 MOTHER 15. MAIDEN NAME Unknown  
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Kentucky  
 17. INFORMANT (ADDRESS) Carl L. Cahoon, Eureka, Mo.  
 18. BURIAL, CREMATION, OR REMOVAL PLACE M.E. Cem. Manchester, Mo. DATE Jan. 2 - 1938  
 19. FUNERAL DIRECTOR (ADDRESS) Schrader Funeral Home, Ballwin, Mo.  
 20. FILED Jan 31 1937 Miss Sick

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Dec 31 - 1937  
 22. I HEREBY CERTIFY, That I attended deceased from Dec 1, 1937, to Dec 31, 1937  
 I last saw him alive on Dec 30, 1937 Death is said to have occurred on the date stated above, at 12:30 a.m.  
 The principal cause of death and related causes of importance were as follows:  
Cancer, rt Breast (operated)  
metastasis  
 Date of onset 50  
 Other contributory causes of importance:  
 Name of operation \_\_\_\_\_ Date of \_\_\_\_\_  
 What test confirmed diagnosis? \_\_\_\_\_ Was there an autopsy? \_\_\_\_\_  
 23. If death was due to external causes (violence), fill in also the following:  
 Accident, suicide, or homicide? \_\_\_\_\_ Date of injury \_\_\_\_\_, 19\_\_\_\_  
 Where did injury occur? \_\_\_\_\_ (Specify city or town, county, and State)  
 Specify whether injury occurred in industry, in home, or in public place. \_\_\_\_\_  
 Manner of injury \_\_\_\_\_  
 Nature of injury \_\_\_\_\_  
 24. Was disease or injury in any way related to occupation of deceased? \_\_\_\_\_  
 If so, specify (Signed) Chas R Ozias, M. D.  
 (Address) Eureka, Mo.

Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

*Dr. Ozias*

STATEMENT BY LICENSED EMBALMER

I, *Theo Schrader*, Licensed Embalmer No. *3066*

hereby certify that the body recorded on the reverse side of this certificate was embalmed by

L. E. *Theo Schrader*

No. *3066* or by  Registered Apprentice No.

working under my personal supervision.

Signed *Theo Schrader*

Licensed Embalmer No. *3066*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)